

BOARD MINUTES

BOARD OF SUPERVISORS, COUNTY OF VENTURA, STATE OF CALIFORNIA

SUPERVISORS STEVE BENNETT, LINDA PARKS,
KATHY I. LONG, PETER C. FOY AND JOHN ZARAGOZA
August 10, 2010 at 8:30 a.m.

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CONSENT – HUMAN SERVICES AGENCY - Approval of, and Authorization for, the Human Services Agency and District Attorney to Submit a Plan to the California Department of Social Services (CDSS) for Continuation of Funding to Participate in a Project for Fraud Investigations and Program Integrity Efforts Related to the In-Home Supportive Services (IHSS) Program Pursuant to the California State Budget Act of 2010; and Approval of, and Authorization for, the County of Ventura Plan for IHSS Fraud Prevention 2010-11 as Required by the CDSS.

- (X) All board members are present.
- (X) Upon motion of Supervisor Bennett, seconded by Supervisor Zaragoza, and duly carried, the Board hereby approves the staff recommendations as stated in the respective Board letters for consent items 10 – 25.

By: _____

Rosa Gonzalez
Deputy Clerk of the Board

CLERK'S CERTIFICATE

I hereby certify that the annexed instrument
is a true and correct copy of the document
which is on file in this office.

MARTY ROBINSON, Clerk of the Board of Supervisors,
County of Ventura, State of California.

Dated: _____

By: _____

Deputy Clerk of the Board



Item# 16
8/10/10



COUNTY OF VENTURA HUMAN SERVICES AGENCY

Barry L. Zimmerman
Director

August 10, 2010

Board of Supervisors
County of Ventura
800 South Victoria Avenue
Ventura, CA 93009

Melissa Livingston
Deputy Director
Administrative Services

Linda Henderson
Deputy Director
Adult & Family Services

Lauri Flack
Deputy Director
Business & Employment
Services

Judy Webber
Deputy Director
Children & Family Services

Curtis Updike
Deputy Director
Transitional Assistance

Subject: Approval of, and Authorization for the Human Services Agency and District Attorney to Submit a Plan to the California Department of Social Services (CDSS) for Continuation of Funding to Participate in a Project for Fraud Investigations and Program Integrity Efforts Related to the In-Home Supportive Services Program Pursuant to the California State Budget Act of 2010; and Approval of, and Authorization for, the Chair of the Board to Sign the Plan

Recommendations:

It is recommended that your Board:

1. Approve and authorize the County Human Services Agency and District Attorney (Agencies) to submit a plan to the California Department of Social Services (CDSS) for continuation of funding to participate in a project for fraud investigations and program integrity efforts related to the In-Home Supportive Services Program pursuant to the California State Budget Act of 2010.
2. Approve and authorize the Chair of the Board of Supervisors to sign the plan (Exhibit 1). **Board of Supervisors' approval of the Plan is required by CDSS.**

Fiscal/Mandates Impact:

Mandatory:	No
Source of Funding:	State, Federal, County
Funding Match Required:	Yes. Approximately 15%, to be absorbed within adopted budgets for Human Services Agency and District Attorney.
Impact on Other Departments:	None

Summary of Revenue and Total Costs:

	<u>2010-11 (est.)</u>	<u>2011-12 (est.)</u>
Revenue:		
Direct: (state-\$96,840, federal-\$133,630)	\$230,470	\$230,470
Total Revenue	\$230,470	\$230,470
Costs:		
Direct	\$271,976	\$271,976
Indirect Costs	Minimal	Minimal
Total Costs	\$271,976	\$271,976
Net County Cost Incl. Indirect	\$41,506	\$41,506

The net cost reflects the required 15% County match. The Human Services Agency (HSA) and District Attorney (DA) have sufficient resources in their adopted budgets to absorb the net cost. For FY 2010-11, the DA will shift existing staff resources to perform the program duties and HSA will request a fixed term position (case aid) to support the project as discussed below. We will return to your Board to process any necessary budgetary adjustments and to request the fixed term position following final approval by the State.

Current FY 2010-11 Budget Projection for Program Operations - BU 5300				
	Adopted Budget	Adjusted Budget	Projected Budget	Estimated Savings/(Deficit)
Appropriations	\$112,713,371	\$112,713,371	\$112,713,371	\$0
Revenue	\$104,294,833	\$104,294,833	\$104,294,833	\$0
Net Cost	\$8,418,538	\$8,418,538	\$8,418,538	\$0

Current FY 2010-11 Budget Projection for District Attorney - BU 3400				
	Adopted Budget	Adjusted Budget	Projected Budget	Estimated Savings/(Deficit)
Appropriations	\$38,482,909	\$38,482,909	\$38,482,909	\$0
Revenue	\$15,447,909	\$15,447,909	\$15,447,909	\$0
Net Cost	\$23,035,000	\$23,035,000	\$23,035,000	\$0

Discussion:

On July 2, 2010 the California Department of Social Services (CDSS) transmitted a letter to the counties that provided information on the proposed continuation of funding available for fraud investigations and program integrity efforts related to the In-Home Supportive Services (IHSS) Program. State funds for this purpose are provided pursuant to the California State Budget Act of 2010. The appropriated State funds along with federal matching funds and required county match total \$28 million statewide for these activities from July 1, 2010 through June 30, 2011. Thereafter, continuation is subject to available funding on an annual basis and approval by the State. Ventura County's estimated share of the total funding including our local match is \$271,976. Counties choosing to participate in this program for FY 2010-11 must submit a plan and budget to CDSS. In the case of

Ventura County, FY 2010-11 would represent the second year of funding for this program. Your Board approved the County's initial plan on October 27, 2009 and the State subsequently approved funding for FY 2009-10. The plan and budget for FY 2010-11 must be approved by your Board prior to its submission to CDSS for approval. The plan is due September 1, 2010.

This funding will continue to further enhance IHSS fraud prevention activities locally for the relevant agencies including the Human Services Agency-Adult and Family Services (AFS), District Attorney, and IHSS Public Authority (PA). As in the past, we have coordinated our efforts to prepare the plan and budget in accordance with CDSS requirements. A required component of the plan is to ensure collaboration and partnerships between the District Attorney and Welfare Agency related to IHSS. Other plan components required by the State include identification of IHSS overpayments/underpayments, fraud referrals/outcomes, collaboration and partnerships with California Department of Health Care Services (DHCS) and CDSS, tracking and reporting outcomes, current and proposed anti-fraud activities, budget, and submittal of an annual outcomes report (due August 1) of each year. The completed plan (including the budget) which addresses all of the above components is included as Exhibit 1.

The value of continuing to participate in this program is the opportunity to use the expertise of the DA, build on the relationship we have now with the Department of Health Care Services Fraud Investigations Unit, and to assist with prevention and detection activities that we currently provide. The plan for year two funding under the Enhanced Anti-Fraud Program is to continue the addition of staff support from the District Attorney's Office Government Fraud Investigation Unit. Specifically, 1 FTE DA investigator and part time senior investigator will continue to be assigned to work directly with IHSS staff and the Program Coordinator in the detection and investigation of suspected fraud. A part time legal processing assistant will also be assigned to provide support to the DA for this project. Working closely with IHSS staff and the DHCS Fraud Investigation Unit, the investigators provide timely investigative services for any referrals of suspected fraud. In addition, HSA will request a case aid fixed term position to provide investigative support services for the project. Year one of the project focused on building the infrastructure, systems and knowledge base within IHSS and DA. The goal for year two in FY 2010-11 is to increase the number of complex suspected fraud cases referred to DHCS and DA by focusing on field investigations.

We anticipate that CDSS will approve the plan given that we are a continuing county, funds have been appropriated by the State, and planned funding allocations provided to counties. It is our understanding that submittal of the plan is simply a step in the process to access funds which are otherwise already available to counties similar to an allocation formula versus a competitive grant process. As long as the plan addresses the required components, CDSS approval is anticipated. However, the actual funding amount may vary based on the number of counties seeking participation. Final authorization is contingent on approval by the State of funds for this purpose and enactment of the State budget for FY 2010-11.

As the project is a continuation of the prior year and funding will presumably cover the period July 1, 2010 to June 30, 2011, the DA and HSA will continue to assign existing staff

support to provide IHSS fraud prevention and program integrity efforts for the estimated 12 months in FY 2010-11. The funds would cover associated salaries and benefits for the staff identified in the plan budget. As previously discussed we will return to your Board to request any necessary budgetary adjustments following CDSS notification of approval. We will continue to review staffing needs and services and subject to the continuation of annual funding may return to your Board to request fixed term positions.

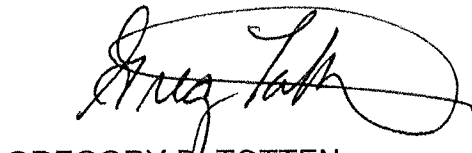
To the extent funding is available in subsequent years CDSS will require the submittal of an annual plan due to the State by June 1 of each year for the subsequent fiscal year. An annual report summarizing prior fiscal year data and outcomes is also required and will be due August 1. For FY 2009-10, HSA has already submitted the report to CDSS as required and the relevant data and outcomes information is also included in the plan. Some of the highlights of the outcomes of this project include the following: DA completed a gap analysis of current methods in IHSS for fraud prevention and detection; DA conducted 4 hours of training to 24 IHSS social workers, supervisors, managers and Senior Management; IHSS and DA collaborated with State Fraud Investigators to ensure coordination of effort; DA incorporated IHSS investigations into its computer management system (VCIJIS) for improved tracking of outcomes; DA utilized state-of-the-art surveillance equipment allowing for remote tracking; IHSS/QA gained access to Vital Records data via coordination with Public Health improving death match of recipients; and HSA increased its ability to track overpayments and collections improved with the assistance from the DA.

We are very optimistic that annual funding will be provided to continue this program to assist in mitigating the potential for fraud in the IHSS program and to further bolster program integrity efforts to safeguard the public trust.

This letter has been reviewed by the County Executive Office, the Auditor-Controller's Office and County Counsel. If you have any questions, please contact me at 477-5301, or Gregory D. Totten, District Attorney at 654-2501.



BARRY L. ZIMMERMAN
Director



GREGORY D. TOTTON
District Attorney

Exhibit 1-County Plan for IHSS Fraud Investigations & Program Integrity Efforts

County of Ventura Plan for
In-Home Supportive Services (IHSS)
Fraud Prevention
2010-11

Enclosures:

- A) Board of Supervisors Plan Approval Form.....page 2
- B) IHSS Fraud Plan.....page 3
- C) Outcomes Report..... page 17
- D) Budget..... Page 19

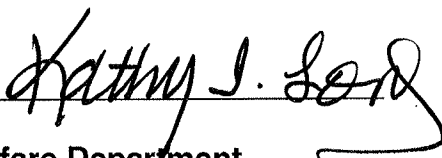
Ventura County is requesting participation in the IHSS Fraud Prevention Program and will submit a Plan and data in accordance with the requirements as described by the California Department of Social Services, by September 1, 2010

Board of Supervisors Approval

Approved on August 10, 2010 by, the County Board of Supervisors

Name of Approver: Kathy I. Long Title: Chair, Ventura County Board of Supervisors

Signature: _____



County Welfare Department

Name of Representative: Barry L. Zimmerman Title: Director, Human Services

Telephone #: (805) 477-5301

Email Address: Barry.Zimmerman@ventura.org

County District Attorney Office

Name of Representative: Gregory D. Totten Title: District Attorney

Telephone #: (805) 654-2501

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LIST OF REQUIRED COUNTY PLAN COMPONENTS

County's Current and Proposed Anti-Fraud Activities

The County of Ventura Human Services Agency (HSA) and the District Attorney's Office (DAO) successfully implemented an integrated approach to fraud prevention and detection and plans to build on the strength of this approach for the Fraud Prevention and Detection Plan FY 10-11. Five units within HSA, the DAO and County of Ventura Public Health vital records work together to assist in the identifying, tracking, monitoring and recouping of overpayments. These include:

- The IHSS Public Authority (PA)
- In Home Supportive Services (IHSS)
- IHSS Quality Assurance
- County Case Management Information and Payroll System (CMIPS) payroll/fiscal
- Benefit Issuance and collections
- DAO Investigation Unit
- Vital Records (Public Health)
- Fraud Prevention Detection and Integrity Work Group

Each of these units is essential in early identification of possible fraud activities including unresolved overpayments and work collaboratively to ensure integrity within the program. A key element of the success of last year's plan was the integration of the DA into our Fraud Prevention and Detection Work Group and work performed by our DAO in collecting overpayments. The DAO collected approximately \$1,726.54 in lieu of the expense of filing a criminal complaint.

The Fraud Prevention and Detection Work Group meet on a monthly basis and are co-facilitated by the Senior District Attorney Investigator and the Deputy Director for Adult Services in HSA. The membership of this group is comprised of IHSS and Public Authority program social workers and managers; fiscal/CMIPS payroll supervisor and staff; IHSS QA; Benefit Issuance staff and manager and the DAO fraud investigators. An agenda is set for each meeting and notes are taken to document the work, action steps and cases referred for investigation. Outcomes are tracked on a regular basis. Strategies for increasing the integrity within the program are discussed and implemented. For example, the DAO identified the benefit and need to utilize an existing data base to track and monitor cases throughout the system. The Ventura County Justice Information System (VCJIS) is currently being used by the DAO and is a key component of the plan FY 10-11.



Activities of the Current and Proposed Anti- Fraud Activities

IHSS and/or Public Authority social workers are the first line of defense in identifying, preventing and detecting fraud. Overpayments are one category of potential fraud and attention is paid to this issue. Once an overpayment is identified, each completes the HSA IHSS Alleged Fraud/Overpayment Referral Form (County of Ventura form #56-13-4; see attached).

The referral and supporting documentation is reviewed by the IHSS/Public Authority management staff to ensure the accuracy of the information, which is entered into the IHSS Overpayment Tracking System, a data base designed to track and monitor overpayments. If fraud is suspected, the case is referred to the DAO for review and appropriate action. If fraud is ruled out, certified letters are mailed to the identified provider/recipient notifying them of an overpayment and the reason for the overpayment. This letter requests a review of the overpayment by the provider or recipient with a plan for repayment within 10 days. A key element of the letter is the notification that failure to respond in a timely manner, initiates a referral to the DHCS Investigative Unit. The Welfare and Institutions Code Sections 12305.83 (1) provides the authority for IHSS to take all appropriate action to recover the full amount of the overpayment. The County of Ventura abides by the allowable actions.

The next line of prevention and detection of overpayments is the County CMIPS Payroll and is used for tracking and monitoring of overpayments. The following information is entered into fiscal data base/State CMIPS to ensure proper accountability:

- 1) Overpayment time period
- 2) Overpayment amount
- 3) The name of the responsible person for repayment and
- 4) The agreed upon repayment option (payroll deduction, lump sum payment or payment plan)

Because the State CMIPS system does not provide a monthly listing of overpayments entered or collected, researching known cases is managed by County CMIPS Payroll. County CMIPS Payroll utilizes a spread sheet to track overpayments entered into CMIPS and current balances. This system allows IHSS to follow-up when providers default on their re-payment plan. Early intervention ensures program compliance. This tracking system proved to be an invaluable tool in our success for the program. It is reviewed at each Fraud Prevention Detection and Integrity Work Group with action plan steps for follow-up.

Not all overpayments are resolved at the program level but referred directly to DHCS. Overpayments as a result of violations to Medi-Cal rules are referred directly to DHCS



under Medi-Cal requirements. Under the auspices of the Fraud Prevention and Detection Program, suspected fraud is referred to both DHCS and the DAO who coordinates jurisdiction to ensure a collaborative approach. This is an essential component to the current plan and will continue in the plan FY 10-11. Of the 20 referrals to both DHCS and the DAO, the DAO maintained jurisdiction of 17 cases.

IHSS Quality Assurance works under the Office of Integrity Management, a unit within the County of Ventura Human Services Agency and is a key component in the plan to identify, prevent and detect overpayments and possible fraud. The following activities are employed by IHSS Quality Assurance (QA)/CMIPS/Fiscal to increase the effectiveness of the IHSS program:

- **IHSS Quality Assurance Death Match Report (CDSS):**

The Death Match Report lists providers and/or recipients using the Social Security number of deceased individuals and interfaces CMIPS information with Social Security Administration data. IHSS QA researches the IHSS case files and the State's CMIPS program for data entry errors on social security numbers, death date, and termination dates. IHSS QA consults with IHSS program staff and makes corrections as needed. If no errors are detected QA initiates the overpayment process to allow the responsible party to provide additional information to avoid overpayment, or to schedule and set up a payment plan. A successful outcome of the plan FY 09-10 was the collaboration with County of Ventura Public Health Vital Records. A monthly death report from County of Ventura Public Health Vital Records has increased the ability of IHSS QA to monitor overpayments. Approximately 4 cases were identified through this report allowing IHSS to appropriately terminate the recipient. This pro-active approach is an effective strategy and a component of the plan FY 10-11 to prevent accidental overpayments and to disrupt potential fraudulent activity. This report also is effective in increasing the accuracy of the Date of Death recording in CMIPS.

- **Out of State Warrants (CMIPS):**

IHSS QA researches and investigates IHSS payroll warrants issued with out-of-state addresses. Matching paid days after the termination date of the client is essential in detecting potential fraudulent activity. QA initiates the collection process as necessary

- **IHSS Quality Assurance Review of 300+ Provider Hours Report (CMIPS):**

The 300+ Report identifies providers working in excess of 300+ hours a month and automatically triggers a comprehensive case review by QA, IHSS program staff and Public Authority. The risk of overpayments, fraud and neglect in the care of IHSS recipients is substantially increased when providers claim to work an extraordinary number of hours. The case review includes interviews with IHSS clients to verify that the work is completed as prescribed in the Hourly Task Guidelines. The process for identifying and collecting overpayments or



reporting of suspected fraud is initiated by QA. In some instances a referral to Adult Protective Services may be required. In FY 09-10, IHSS referred one case to the DAO for investigation. This will remain an activity in the plan FY 10-11.

- **IHSS Program– No time card activity within 60 days (CMIPS):**

No time card activity may be an indication that the IHSS client is in the hospital or that needed services are not being rendered. Immediate action is taken to identify the cause of the time card inactivity for appropriate program response. This activity is important in fraud prevention to prevent a provider from claiming time for work not performed. This work is also supported by dedicated skilled IHSS social workers.

- **County CMIPS Payroll: Time Card Processing Delays:**

There are many reasons time card processing is delayed such as missing signatures, hand-written time sheets and/or over claimed hours. Each of these reasons requires investigation by IHSS Program operations. Working collaboratively in a joint effort, the fiscal department of the Human Service Agency and IHSS program management track and monitor these breaches to ensure timely corrective action is taken. If fraud is suspected, the procedure for overpayment alleged fraud referral is initiated. Regardless, providers are paid timely.

Skip Tracing

A successful component of the plan FY 09-10 and a component of the plan FY 10-11 is skip tracing activities provided by both the DAO and/or the Benefit Issuance Unit of HSA. At the start of this program, 6 providers with an outstanding overpayment of \$11,357.00 could not be traced. Some of these dated back to 2005. As a result of the efforts of the plan, all 6 were located with the development of payment plans for 5 of the 6. Within 3 weeks of locating these prior providers, \$ 362.00 has been recouped.

Underpayments

IHSS social workers and management are notified when the provider pay warrant and authorized hours do not match. If confirmed as a legitimate underpayment, the IHSS social worker corrects the information in CMIPS and requests a supplemental time sheet for the period in question. No underpayments were reported in FY 09-10.

Ensuring Accuracy in Time Card Completion

IHSS Public Authority provides regularly scheduled orientation and training classes for registry providers and family based providers in compliance with the recently enacted legislative requirements. Time card coding requires a concentrated effort by the Public Authority to keep all providers aware of the requirements and consequences of



incorrect and inconsistent time coding. Training is mandatory for all Public Authority and family based providers and is a key element in preventing overpayments and fraud. The Public Authority social workers make follow-up home visits to new providers at 30 and 60 day intervals to ensure understanding of the program and compliance with the rules and regulations with a focus on accurate time card completion. Phone calls are made at 90 days to ensure the provider is meeting the needs of the recipient as authorized and questions related to time cards are addressed. If the social worker suspects fraudulent activities, a referral to the Fraud Prevention and Detection Program is made.

Reducing Overpayments and Early Detection of Possible Fraud

In addition to our current operational plan, the County of Ventura proposes these steps to reduce overpayments and to ensure early detection of possible fraud:

1. Errors in time card coding are a major cause of overpayments and underpayments within the IHSS Program. The IHSS program operations increased its focus on prevention of fraud activities in FY 09-10 with social worker outreach and education to recipients about proper and accurate time coding. As a result of this effort, 226 irregular time cards were forwarded from HSA fiscal to IHSS social workers for research and follow-up with both the recipient and provider. The 5 top irregularities occurred in the these areas: 1) over claiming of hours 21% 2) missing segment in CMIPS 16% 3) time card not signed by recipient 20% 4) use of an unauthorized time card 11% and 5) change of address notification 18%.
2. Most overpayments are a result of errors by the client or provider. However, an overpayment could also be an indication of fraud. Timely and accurate tracking of overpayments is essential in detecting and preventing fraudulent activity.

The IHSS program implemented the use of the Ventura Automated Collection System (VACS) to enter, track and collect overpayments as a component of the FY 09-10 plan. It has proven to be a valuable resource and remains a component of the FY 10-11. VACS is a system utilized by HSA Benefit Issuance Unit. VACS was originally designed by the County of Ventura HSA as a tracking, reporting and facilitating data base for overpayments and over-issuance collections in Food Stamps, CalWORKs, Foster Care, CAPI and General Relief programs.

The VACS system expanded beyond the County and now includes a consortium of a number of counties. VACS is capable of providing monthly reports on overpayment initiation and recouping and sending monthly Statement of Account to individuals indicating the amount due. As of July 2010, 41% of overpayments were collected using the VACS system and the fiscal tracking data base. This percentage is excellent when compared to collections



among other governmental benefit programs.

3. The IHSS Program Coordinator for CMIPS II implementation also serves as the lead for all fraud prevention and detection activities within the agency. This position has a well-established relationship with fraud investigators at the State and County level. This plan builds on the success of the FY 09-10 Fraud Prevention and Detection Plan and the long standing positive relationship between the Human Services Agency and the DAO. The District Attorney's Office Investigation Unit was part of the integration planning begun in April 2009 and this plan continues the success of the partnership.
4. No time sheet activity is another area that IHSS focuses on to ensure prevention and detection of fraud. In the past 6 months, 132 phone calls were made to recipients with no activity on the time sheet. Of those, 15% required placing a provider or recipient on terminated status or leave status thus reducing the opportunity for illicit time card activity.
5. The Hospital Stay Report is an essential component of the FY 09-10 plan and remains a key component of the plan FY 10-11. One hundred-four thousand (104,000) time cards were reviewed beginning January 2010. The outcomes revealed 12 incidences of suspected fraud with the combined amount of \$7,347.00. These were referred to DHCS and DAO for review and investigation.

Summary of Proposed Fraud Investigations and Program Integrity FY 10-11 Plan

Year one of the Fraud Prevention and Detection Plan focused on building the infrastructure, systems and knowledge base within IHSS and DAO. The goal for FY 10-11 is to increase the number of complex suspected fraud cases to DHCS and DAO by focusing on field investigations. First year activities included educating the DAO about the rules and regulations of IHSS and educating IHSS on the legal requirements for investigations and prosecution of fraud. The DAO visited Fresno County and Los Angeles County to consult and collaborate on effective strategies in investigations and program integrity.

The DAO completed a gap analysis and provided 4 hours of training and consultation to over 22 social workers, supervisors and managers. This training received high marks and QA staff noted a significant improvement in documentation in cases reviewed during this past program year.

Other foundational activities in FY 09-10 include review of all IHSS processes and documents through a gap analysis process conducted by DAO in collaboration with IHSS staff and management. Outcomes of the gap analysis include the introduction of language "under the penalty of perjury" to strengthen criminal intent in the intake process; streamlining the process of referral to the DAO including the use of proper



charges and the restitution process in IHSS case and finally, improving social worker documentation that supports prosecution of fraud. The DAO implemented the use of a County-wide data base used by the Courts, local law enforcement agencies and other units within the DAO. The integration of the VCJIS (Ventura County Justice Information System) for IHSS investigations lays the foundation for the plan in FY 10-11.

The program is a joint effort with the proposed activities clearly defined between the Human Services Agency IHSS program, the County of Ventura District Attorney Office and DHCS. The unifying structure for the FY Plan 10-11 resides within the Fraud Prevention Detection and Integrity Program Work Group. This group was established in April 2009 and is responsible for the activities and outcomes of the Fraud Prevention Detection and Integrity Program Plan.

Core activities and time line for FY 10-11 include the following:

- IHSS supervisory and QA reviews to ensure appropriate social worker documentation that supports successful prosecution: July 1, 2010
- IHSS develops a template for social workers to ensure consistency in documentation: September 2010.
- IHSS and DAO conduct a needs assessment of further training focusing on the detection of complex cases. These are defined as those cases with criminal intent over many years and those involving multi-agencies and organizations serving the target population: 3 months after funding is approved.
- DAO initiates a coordinated media campaign to alert, inform and raise public and IHSS recipients/ providers awareness of the consequences of fraud within the IHSS program: planning to start August 2010 with a target of September 2010.
- DAO develops fraud prevention training for IHSS social workers and Public Authority staff: planning begins November 2010 with target February 2011.
- DAO utilizes VCJIS to track and monitor cases from investigation through the court system and track outcomes: in current use
- IHSS increases its referrals of suspected fraud to DHCS and DAO: July 2010
- DAO investigates cases of suspected fraud by recipients and providers: July 2010
- DAO provides skip tracing services when deemed appropriate and necessary: July 2010



- DAO and HSA co-facilitates the monthly Fraud Prevention Detection and Integrity Program Work Group: August 2010
- DAO works in collaboration with DHCS to coordinate investigative efforts
- IHSS implements the use of telephone interpreters (Cyracom) to ensure integrity within the program: September 2010
- IHSS develops pro-active strategies to time card irregularities: September 2010
- DAO increases surveillance on cases meeting DAO criteria
- DAO increases field investigation
- IHSS increases referrals of complex cases

Collaboration and Partnership with District Attorney's Office (DAO)

The Ventura County District Attorney's Office (DAO) and the Ventura County Human Services Agency (HSA) have enjoyed a strong working partnership for over 14 years. The DAO currently provides all investigative resources through its Government Fraud Investigation Unit for HSA for public assistance programs involving Cal Works, food stamps, cash aid and other benefit programs. This includes early detection/prevention fraud investigations as well as ongoing fraud investigations and prosecutions. This model partnership formed the basis for fraud investigations and program integrity related to In-Home Support Services (IHSS).

The program currently in place facilitates referrals from the case workers for investigation to the DAO. Designated investigative staff members receive these requests, and after investigation, provide information back to the case workers. More specifically, there are two parts to this program. Case workers processing new applications or renewals for benefits have the ability to request investigation into the information provided by the applicant, as well as information that may not have been provided, so that a more informed decision on granting benefits can be made.

This information can include criminal history checks, home visits to determine household composition, financial checks etc. This information is typically obtained and provided to the case worker within a few days of the request. Our experience has been that of the requests for investigation in the early detection/prevention arena, that the information obtained and provided to the case workers have resulted in an approximately 35-40% denial rate. This shows that the additional information obtained by the investigative staff and provided to the case worker is vital for making an informed decision and in preventing fraud.



The second part of our existing program provides investigative and a prosecution resource for those cases in which someone has been receiving benefits assistance and is suspected of committing fraud. Case workers obtain information from a variety of sources that cause suspicion of possible ongoing fraud. This can be for various reasons such as unreported income, change in household composition, disqualifying felony convictions and fleeing felon matches to name only a few. These cases are referred to the DAO investigative unit for investigation. After the investigation is complete a criminal case may be filed if warranted. All information obtained is shared with the case worker so any needed adjustment or discontinuation of benefits can be made. When criminal convictions are obtained, restitution orders are obtained from the court for the overpayment amounts.

The DAO investigative unit also provides training to HSA staff. This training includes information on the detection of possible fraud during the benefit application or renewal process, as well as during case review. This training has been very valuable in educating case workers who then refer cases of suspected fraud to the DAO for investigation.

The success of the collaboration between HSA and DAO is attributed to the established positive working relationship developed over many years between the two organizations. Commitment from executive leadership, Greg Totten, District Attorney and Barry Zimmerman, HSA Director is vital to the success of this program. Other factors that contribute to the positive collaboration include: 1) a dedicated Program Coordinator for fraud reporting and research and 2) a clear understanding by each member of the Fraud Prevention Detection and Integrity Work Group of the mission, purpose and constraints of each organization.

Both the DAO and IHSS commit to working within all laws, regulations and mandates set forth by CDSS and CDHS in implementing the Fraud Prevention Detection and Integrity Program FY 10-11. The ability to work at a local level in the prevention, detection and prosecution of fraud has proven to be a benefit in upholding the integrity of the program and public trust.

Fraud Referrals/Outcomes

In consultation and collaboration with the County of Ventura District Attorney, the Human Services IHSS program has identified areas of concern in fraud detection. These include, but not inclusive, client's misrepresentation of need and complex, often generational criminal cases that involve multi-organizations.

Detection of fraud is generated from various sources within the Human Services Agency IHSS program and is coordinated through the IHSS Program Coordinator and the IHSS Fraud Prevention Detection and Integrity Work Group. The procedure for reporting suspected fraud is the same procedure for reporting overpayment activity since



overpayment activity may be an early detection of fraud or a gateway into fraudulent activity.

Fraud referrals are generated from the 5 units within the Human Services Agency that include the IHSS Public Authority, IHSS operations and social work practice, Quality Assurance desk and target reviews and home visits and County CMIPS payroll/fiscal operations. Each of these units work collaboratively within the agency as a group to ensure that suspected cases of fraud are referred appropriately.

When dependent adult and elder abuse and neglect is suspected by any of the above service areas, a referral is generated to Adult Protective Services. If financial abuse is confirmed, Adult Protective Services works with the Rapid Response Team that includes the District Attorney Elder Abuse Unit. If in the event, the alleged perpetrator of the financial abuse is a provider, consultation with the District Attorney Fraud Unit to assess whether the abuse also constitutes fraud within IHSS would occur.

The Welfare & Institutions Code directs the Counties to refer suspected cases of fraud to DHCS Fraud Investigation Unit. Under the Fraud Prevention Detection and Integrity Program, simultaneous referrals to the State and the local District Attorney occur. This is important so that the County of Ventura remains in compliance with all regulations guiding the delivery of the IHSS program. However, our plan relies on the expertise and dedication of resources from the District Attorney for immediate consultation, collaboration and response to referrals.

The District Attorney's Office (DAO) has a well-defined methodology for determining how referrals of fraud are managed. IHSS relies on this expertise. The DAO maintains open and ongoing communication with DHCS Fraud Investigation Unit and a joint decision is made based on set criteria which entity would have primary jurisdiction. It would be imperative that the DAO has information from the State as to open cases, background information on previous referrals or any other information needed to investigate the referral. Coordination of efforts is part of the DAO's standing practice with the CDHS. Communication with the State serves another vital function: to eliminate the risk of duplication of efforts. In the event that the alleged fraudulent activity supersedes local or State jurisdiction, County of Ventura District Attorney will coordinate with the Federal authorities. All new regulations will be incorporated into this plan.

IHSS Overpayments/Underpayments

The Welfare and Institutions Code 12305.8 (b) establishes the definition for In- Home Supportive Services (IHSS) overpayments. Overpayments in and of themselves are not fraud but are often the first indicator of fraudulent activity. As such, IHSS initiated the Fraud Prevention and Detection Work Group in April 2009 to identify gaps in its internal processes and to implement changes in how IHSS coordinates its activities within the Human Services Agency with DHCS Services Fraud Investigation Unit and



with the County of Ventura District Attorney Investigation Unit.

One portal for preventing and identifying fraud is the timely and appropriate identification, tracking, monitoring and collecting of overpayments. This process is more efficient and effective as a result of the work by the IHSS Fraud Prevention Detection and Integrity Work Group. The process for identifying and resolving overpayments is also described in section one of this plan.

Beginning in April 2009, HSA established a work group that designed a written work flow documenting how overpayments and underpayments are identified, tracked, monitored and resolved. This work group was comprised of decision making representatives from IHSS program, QA, Public Authority, fiscal/ CMIPS payroll and Benefit Issuance (and collections) Unit. This resulted in a coordinated and streamlined process resulting in 41% collection rate on overpayments to date.

Collaboration and Partnerships with California Department of Health Care Services (DHCS) and the California Department of Social Services (CDSS)

HSA is committed to continuing its partnership and collaboration with CDSS and partner with stakeholders, such as Department of Health Care Services, California State Association of Counties, and the County Welfare Directors Association. Maintaining and enhancing relationships with County and State partners who share similar missions and goals, is vital to the success of any plan. HSA and the District Attorney's Office currently work collaboratively with DHCS and CDSS and will utilize every resource and opportunity to consult, confer and maintain open and continuing communication as needed to ensure the success of the plan and integrity of its efforts. The County of Ventura will ensure that all supporting documentation that is needed by CDSS and/or DHCS will be provided timely. Each fraud referral, at a minimum, will contain the following documentation:

- Confidential Medi-Cal Compliant Report – MC 609
- Application for Social Services – SOC 295
- Provider Enrollment Form – SOC 426
- Recipient/Employer Responsibility Checklist – SOC 332
- Provider Time Sheets – SOC 361
- CMIPS information screens:
 - Recipient eligibility
 - Provider eligibility
 - Recipient Authorized Payment Summary
 - Provider Payment Summary
 - Pay warrant yearly summary
 - Pay warrant information for overpayment period



Mechanism for Tracking/Reporting

HSA tracks, monitors and reports on the following data:

- Timesheet processing delays - IHSS
- No timesheet activity for 60 days - IHSS
- Death Match - QA
- Out of state warrants - QA
- Provider 300 + report - QA
- Fraud overpayment tracking - Fiscal
- VACS (track overpayment collection) – Fiscal
- Addressee unknown return mail- Benefit Issuance

The DAO tracks, monitors and creates outcome reports through VCJIS- the Ventura County Justice Information System. This system is used throughout Ventura County Courts, DAO and local law enforcement to manage information and outcomes. It is important to note that fire walls exist so that until it is legal to reveal pending investigations, no other entities who have access to VCJIS may view private information. This system allows the DAO to enter referrals and information related to the investigation. The system allows the DAO to track a case from the onset of the investigation through to court proceedings and findings.

The County of Ventura will track all of the activities and outcomes of this plan utilizing existing data bases and the expertise of the Office of Integrity Management, a unit within HSA that tracks, analyzes and reports all outcomes for the agency. IHSS will rely on this expertise to report out the outcomes for the FY 10-11.

As the lead for all fraud referrals, the IHSS Program Coordinator maintains a data base that is accessible by authorized members of the Fraud Prevention Detection and Integrity Work Group. This data base is password protected to ensure the integrity of the information and confidentiality. The data base includes the following information for tracking purposes: description type of fraud, amount of the alleged fraud, date sent to DHCS and date of response from DHCS, disposition, case name and comments. The database is the centralized repository for all referrals for fraud generated from a unit or worker within IHSS, Public Authority, fiscal/payroll, QA. With our ability to utilize local expertise, this data base will be expanded to include referrals to the District Attorney.

DAO cases under investigation and those resulting in prosecution are maintained separately in VCJIS- the Ventura County Justice Information System. This is a data base used by the Courts, the DAO and all local law enforcement agencies throughout Ventura County. At no time are funds for the Fraud Prevention Detection and Integrity Program used for prosecutions.



Integration of Other Program Integrity Efforts within the Plan

HSA will abide by and will uphold any and all regulation and legislative changes that may arise from State budget decisions and CDSS via All County Letters. Recent changes in regulations support HSA continued process improvement activities.

The County of Ventura Public Authority has complied with the new regulations for provider enrollment and orientation and will continue to ensure the integrity to the mission and purpose of the Public Authority.

An annual plan for Quality Assurance activities is submitted as required to CDSS. In a recent QA review by CDSS, our plan was in compliance and we met our goals.

County Proposed Budget for Utilization of Funds

The County's proposed budget is attached.

Staffing Plan

Current Staffing Plan for FY 09-10 Fraud Prevention and Detection:

- 1 DHCS Fraud Investigator (regional coverage including portions of LA)
- 1 Quality Assurance Social Worker
- 1 CMIPS/Payroll/Fiscal
- 1 County of Ventura District Attorney Fraud Investigator

Fraud Prevention and Detection Work Group comprised of Supervisors and Managers for IHSS, Public Authority, Fiscal, QA, Benefit Issuance and Executive Management (not funded)

Proposed Staffing Plan for FY 10-11

- 1 or more DHCS Fraud Investigator (pending new regulations)
- 1 County of Ventura District Attorney Fraud Investigator
- 1 Senior District Attorney Investigator (part time)
- 1 Legal Processing Assistant III (part time)
- 1 Program Coordinator for Fraud Prevention and Detection (not funded under the plan)
- 1 CMIPS/Payroll/Fiscal (not funded under the plan)
- 19 IHSS Social Workers trained in fraud prevention and detection (not funded under the plan)
- 1 FTE IHSS Social Worker skilled in fraud detection (not funded under this plan)
- 1 Case Aide to support research of fraud referrals



The Fraud Prevention and Detection Oversight Group (not funded)

Annual Outcomes Report

HSA and the DAO will collaborate and provide annual outcomes on the format to be provided by CDSS. The Fraud Prevention Detection and Integrity Program FY 10-11 will ensure that current efforts to prevent and detect fraud will not only continue but will improve in its effectiveness to maintain the integrity of the IHSS Program. Examples of outcomes to be tracked would include the number of cases referred to the DAO, the percentage resulting in prosecution, the activities implemented by IHSS as a result of the DAO gap analysis, types of fraudulent activity and dollars returned. The Fraud Prevention Detection and Integrity Work Group also tracks lessons learned and best practices.

Fraud Data Annual Outcomes Report

County of Ventura

Overpayments identified by County QA		04/05	05/06	06/07	07/08	08/09	09/10
Total Amount per Fiscal Year:							\$6995.52
Number of Instances:			1	1	6	5	7
Breakdown of Causes	Provider:		1	1	3	2	2
	Recipient:				3	1	
	County Error:					1	5
	Unknown:					1	
	Other:						

Underpayments identified by County QA		04/05	05/06	06/07	07/08	08/09	09/10
Total Amount per Fiscal Year:							\$383.33
Number of Instances:				1			1
Breakdown of Causes	Provider:						
	Recipient:						
	County Error:						1
	Unknown:			1			
	Other:						

Fraud Referrals/Outcomes		04/05	05/06	06/07	07/08	08/09	09/10
Number of Referrals to DHCS:			1	1	3	16	20
Number handled locally by DA:			1		1		17
Number of Convictions:					1		
Court Ordered Restitution:					1		
Amount of funds involved in the convictions:					\$6818.75		
Amount of funds recovered:							
Amount of funds pending recovery							
Individuals Responsible	Provider:				3	15	20
	Recipient:						
	County Error:						
	Other:					1	
	Unknown:						

Fraud Data Annual Outcomes Report

Utilization of County DA for Fraud		04/05	05/06	06/07	07/08	08/09	09/10
Outcomes	Number of Referrals to DA:		1				28
	Accepted:						26
	Rejected:						2
	Pending:						5
	Completed Investigations						
	No Fraud:						2
	Restitution Action:						8
	Referred for Prosecution:						4
	Criminal Charges Filed:						1
	No Charges Filed:						7
	Convictions:						
	Acquittals:						
	Dismissals:						
	Pending Investigations:						6
	Restitution						
	Court Ordered Restitution:						
	Restitution Action:						
	Fines						
	Prosecutions Completed						
	Convictions						
	Misdemeanor:						
	Felony:						

Budget Justification

Ventura County's Fraud Funding Plan for FY 2010-2011

Budget Section	Total
A. Personnel Costs (includes employee benefits)	\$ 271,976
B. Operating Expenses	\$
C. Equipment Expenses	\$
D. Travel/Per Diem and Training	\$
E. Subcontracts and Consultants	\$
F. Other Costs	\$
G. Indirect Expenses	\$ 0
Total Expenses	\$ 271,976

A. Personnel Costs (including employee benefits)	Total Budget
Title: District Attorney Investigator I @ 1.0FTE Salary Calculation: FY Salary (\$95,676) + Benefits (\$79,920) Duties Description: Investigative services for Early detection/fraud prevention; Investigates cases of suspected fraud by recipients; Investigates cases of suspected fraud by providers; Provides skip tracing services to locate those persons with overpayment responsibilities; Participates in bi-monthly meetings with the Fraud Prevention Work Group; Liasion with DCHS Fraud Investigations Unit to coordinate investigative efforts; Provide training to IHSS staff in the detection and identification of fraud; Gap analysis of IHSS fraud prevention and detection activities.	\$ 175,596
Title: Senior District Attorney Investigator @ .10 FTE Salary Calculation: FY Salary (\$12,298) + Benefits (\$10,845) Duties Description: Oversight of the Investigative services for Early detection/fraud prevention; Investigates cases of suspected fraud by recipients; Investigates cases of suspected fraud by providers; Provides skip tracing services to locate those persons with overpayment responsibilities; Participates in bi-monthly meetings with the Fraud Prevention Work Group; Liasion with DCHS Fraud Investigations Unit to coordinate investigative efforts; Provide training to IHSS staff in the detection and identification of fraud; Gap analysis of IHSS fraud prevention and detection activities.	\$ 23,143
Title: Overtime by District Attorney Investigator(s) & Search Warrant Support Salary Calculation: Annual Amount of \$19,265 Duties Description: Overtime to be worked on the related activities	\$ 19,265
Title: Human Services Case Aide II @ 1 FTE Salary Calculation: FY Salary (\$30,840) + benefits (\$9,252) Duties Description: Provide investigative support services for Early detection/fraud prevention; investigate cases of suspected fraud by recipients/providers.	\$ 40,092
Title: Legal Processing Assistant III @ .15 FTE	\$ 13,880

Salary Calculation: FY Salary (\$6,988) + Benefits (\$6,892)	
Duties Description: Provides specialized clerical support to the District Attorney component of the IHSS Fraud Prevention project.	
Title:	\$
Salary Calculation:	
Duties Description:	
Total Personnel Costs:	\$

B. Operating Expenses	Total Budget
Title:	\$
Description:	
Title:	\$
Description:	
Title:	\$
Description:	
Total Operating Expenses:	\$

C. Equipment Expenses	Total Budget
Title:	\$
Description:	
Title:	\$
Description:	
Title:	\$
Description:	
Total Equipment Expenses:	\$

D. Travel/Per Diem and Training	Total Budget
Title:	\$
Description:	

Title:	\$
Description:	
Title:	\$
Description:	
Total Travel/Per Diem and Training:	\$

E. Subcontracts and Consultants	Total Budget
Title:	\$
Description:	
Title:	\$
Description:	
Title:	\$
Description:	
Total Subcontracts and Consultants:	\$

F. Other Costs	Total Budget
Title:	\$
Description:	
Title:	\$
Description:	
Title:	\$
Description:	
Title:	\$
Description:	
Title:	\$
Description:	
Total Other Costs:	\$

G. Indirect Expenses	Total Budget
Title:	\$
Description:	
Title:	\$
Description:	
Total Other Costs:	\$